

MSME18042953 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 31/03/2018 13:05  
 SUBMITTED BY: Chua Pui Ying

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date Of Report 31/03/2018 13:06  
 Date Of Accident 30/03/2018 12:45  
 Exact Location Of Accident BLK 678 JURONG WEST ST 64 SERVICE ROAD  
 Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX1933H  
**Insured/Policyholder**  
 Name Of Registered Owner CHUA ENG KOK  
 NRIC No S7512300J  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-91009553  
 Alternative Phone No OFFICE-91009553

## Vehicle Particulars

Manufacturer MITSUBISHI  
 Model ATTRAGE

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

## Insurance Company

Name of Insurance Company AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number P10052926R00  
 Cover Note Number

## Driver

Name of Driver CHUA ENG KOK  
 NRIC No S7512300J  
 Date Of Birth 21/04/1975  
 Occupation INDOOR  
 Date Of Driving Pass 02/03/1998  
 Driving Experience 20 YEARS AND 0 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-91009553  
 Fax Number  
 Contact Number OFFICE-91009553  
 Email Address NOEMAIL

Address BLK 752 JURONG WEST ST 74 #15-26  
 Postcode 640752  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident SIDE SWIPE  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 3  
 Passenger 1 NAME: CHUA KIM SENG  
 GENDER: MALE  
 Passenger 2 NAME: TAN KIAN HOI  
 GENDER: FEMALE

**Details of Police Action**

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

I WAS STOPPING AT THE SIDE OF THE SERVICE ROAD AND LOOK FOR MY LOCATION. OUT OF SUDDEN, VEHICLE B HIT ONTO MY RIGHT FRONT PORTION. WE EXCHANGE DETAILS AND LEFT.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHD4788T  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category TAXI  
 Name of Driver LIM SEE HONG  
 NRIC/Passport Number  
 Contact Number 92293303  
 Address  
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

## SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available storesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insured(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this Accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

LEE BROTHERS

## Sketch Plan #2 Pg. 1

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

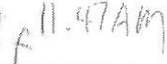
I was stopping at the side of the Seave Road and  
 look for my location and at the sudden vehicle B hit and my  
 hand from position we exchange letters and left.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

31/3/18 11.47AM  
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No: